

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1-15, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

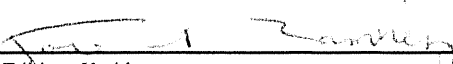
Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED May 15, 2005	Applicant Identifier	
			3. DATE RECEIVED BY STATE N/A	State Application Identifier N/A	
			4. DATE RECEIVED BY FEDERAL AGENCY May 15, 2005	Federal Identifier 05-258	
5. APPLICANT INFORMATION					
Legal Name: Santa Ana Watershed Project Authority			Organizational Unit: Department:		
Organizational DUNS: 086591575			Division:		
Address: Street: 11615 Sterling Avenue			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Riverside			Prefix: Mr.	First Name: Richard	
County: Riverside			Middle Name Eugene		
State: California			Last Name Haller		
Zip Code 92503			Suffix:		
Country: USA			Email: mhall@saawpa.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2699984			Phone Number (give area code) (951)354-4220		Fax Number (give area code) (951)785-7076
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606			9. NAME OF FEDERAL AGENCY: EPA (Susan Hatfield)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Bernardino, Riverside and Orange Counties			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Santa Ana Regional Interceptor Enhancement through Prado Dam		
13. PROPOSED PROJECT Start Date: October 2006 Ending Date: November 2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 44 Ken Calvert b. Project 43 Baca, 44 Calvert, 42 Miller		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	286,700	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	1,501,300	DATE: May 15, 2005		
c. State	\$	0	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	0	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	1,790,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.	First Name Daniel		Middle Name Bryan		
Last Name Cozad			Suffix		
b. Title General Manager			c. Telephone Number (give area code) (951)354-4220		
d. Signature of Authorized Representative			e. Date Signed 5/13/05		

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		cant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

5. APPLICANT INFORMATION					
Legal Name: FIREBAUGH CITY OF			Organizational Unit:		
Organizational DUNS: 00490441-0003			Department:		
Address (give city, county, state, and zip code): 1575 Eleven Street Firebaugh CA 93662 County: 010 Fresno			Division:		
			Name and telephone number of the person to be contacted on matters involving this application (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000333			Fax:		
8. TYPE OF APPLICATION: New			7. TYPE OF APPLICANT: (enter appropriate letter in box) C		
			Other (specify) _____		
9. NAME OF FEDERAL AGENCY: USDA, Rural Development			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Predevelopment Planning Grant		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 10.760			12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc): City of Firebaugh		
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 6/1/2005	Ending Date 10/1/2005	a. Applicant 20 CA		b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	15,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>04-07-05</u>			
b. Applicant	0.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	0.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	0.00	17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	0.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			
f. Program Income	0.00	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF ASSISTANCE IS AWARDED			
g. TOTAL	15,000.00	a. Typed Name of Authorized Representative Jose Ramirez			
		b. Title City Manager		c. Telephone Number (559) 659-2043	
d. Signature of Authorized Representative 				e. Date Signed 04-07-05	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/11/05		Applicant Identifier																						
		3. DATE RECEIVED BY STATE		State Application Identifier																						
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																						
5. APPLICANT INFORMATION																										
Legal Name: County of Fresno			Organizational Unit: Department: Department of Public Works and Planning																							
Organizational DUNS: 078787397			Division: Community Development																							
Address: Street: 2220 Tulare Street, 8th Floor City: Fresno County: Fresno State: CA Zip Code: 93721 Country: U.S.A.			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Irma Middle Name: Last Name: Yepez-Perez Suffix: Email: iyperez@co.fresno.ca.us																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000512			Phone Number (give area code) (559) 262-4292		Fax Number (give area code) (559) 488-3940																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B. - County Other (specify)																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Housing Preservation Grant TITLE (Name of Program): 10-433			9. NAME OF FEDERAL AGENCY: U.S.D.A. Rural Development																							
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno County unincorporated rural areas			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Owner-Occupied Housing Rehabilitation Project in rural Fresno County																							
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 9/30/07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18, 19, 20, 21 b. Project 18, 19, 20, 21																							
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>92,108.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>92,108.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>184,216.00</td> </tr> </table>			a. Federal	\$	92,108.00	b. Applicant	\$	92,108.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	184,216.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 10, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	92,108.00																								
b. Applicant	\$	92,108.00																								
c. State	\$.00																								
d. Local	\$.00																								
e. Other	\$.00																								
f. Program Income	\$.00																								
g. TOTAL	\$	184,216.00																								
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Authorized Representative																										
Prefix Mr.		First Name Cecil		Middle Name																						
Last Name Leonardo		Suffix																								
b. Title Interim Director, Department of Public Works and Planning		c. Telephone Number (give area code) (559) 262-4078																								
d. Signature of Authorized Representative <i>Cecil Leonardo</i>		e. Date Signed May 10, 2005																								

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 9, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: County of Orange Organizational DUNS: 073507670 Address: Street: 1770 North Broadway City: Santa Ana County: Orange State: CA	Organizational Unit: Department: Housing and Community Services Department Division: Housing Finance and Policy Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Paula Middle Name: K. Last Name: Burrier-Lund Suffix: N/A Email: paula.lund@hcd.ocgov.com Phone Number (give area code): (714) 480-2805 Fax Number (give area code): (714) 480-2803
Zip Code: 92706	Country: USA

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000928	7. TYPE OF APPLICANT: (See back of form for Application Types) B. Other (specify)																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant 14-231	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Application for Emergency Shelter Grant authorized by McKinney-Vento Homeless Assistance Act of 1987, Title IV. Activities include funding for FY 2005-2006. Funds will be used for essential services, operations, and staffing.																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County	13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: June 30, 2006																					
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 40, 42, 44, 46, 47, 48 b. Project 40, 42, 44, 46, 47, 48	15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal ESG</td> <td>\$</td> <td>169,412</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other Reprogrammed</td> <td>\$</td> <td>3,285</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>172,697</td> </tr> </table>	a. Federal ESG	\$	169,412	b. Applicant	\$		c. State	\$		d. Local	\$		e. Other Reprogrammed	\$	3,285	f. Program Income	\$		g. TOTAL	\$	172,697
a. Federal ESG	\$	169,412																				
b. Applicant	\$																					
c. State	\$																					
d. Local	\$																					
e. Other Reprogrammed	\$	3,285																				
f. Program Income	\$																					
g. TOTAL	\$	172,697																				
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 9, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Authorized Representative Prefix: Ms. First Name: Paula Middle Name: K. Last Name: Burrier-Lund Suffix: b. Title: Director c. Telephone Number (give area code): (714) 480-2805 d. Signature of Authorized Representative e. Date Signed 5/9/05																						

RECEIVED

MAY 13 2005

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 9, 2005		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: County of Orange			Organizational Unit: Department: Housing and Community Services Department		
Organizational DUNS: 073507670			Division: Housing Finance and Policy		
Address: Street: 1770 North Broadway			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Santa Ana			Prefix: Ms.		First Name: Paula
County: Orange			Middle Name K.		
State: CA			Last Name Burrier-Lund		
Zip Code 92706			Suffix: N/A		
Country: USA			Email: paula.lund@hcd.ocgov.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000928			Phone Number (give area code) (714) 480-2805		Fax Number (give area code) (714) 480-2803
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) B. Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Development Block Grant 14-218			9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Application for Community Development Block Grant funding for FY 2005-2006. Activities include public improvements, housing rehabilitation, acquisition of real property, and staffing.		
13. PROPOSED PROJECT Start Date: July 1, 2005			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 40, 42, 44, 46, 47, 48		
Ending Date: June 30, 2006			b. Project 40, 42, 44, 46, 47, 48		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal CDBG	\$	5,152,927	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 9, 2005		
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other Reprogrammed	\$	1,089,269	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No.		
f. Program Income	\$	550,000			
g. TOTAL	\$	6,792,196			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Paula		Middle Name K.	
Last Name Burrier-Lund				Suffix	
b. Title Director				c. Telephone Number (give area code) (714) 480-2805	
d. Signature of Authorized Representative				e. Date Signed 5/9/05	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier N/A
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Applicant Identifier N/A
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A
5. APPLICANT INFORMATION			
Legal Name: Sacramento County Sheriff's Department		Organizational Unit: Technical Services	
Organizational DUNS: 14-24-2319		Division: Cal-ID	
Address (give city, county, state, and zip code): 711 G Street, 4th Floor Sacramento, CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Jennifer Griffin Phone: 916-874-1625	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000529		7. TYPE OF APPLICANT: (enter appropriate letter in box) B A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 2005 Technology Initiative 1 8 . 7 1 0		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Funds will be used for phase III of a multi-phase implementation plan of a regional, four county Integrated Biometric Identification System (IBIS) project	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Cities, Counties, State, Federal		13. PROPOSED PROJECT: Start Date: 12/08/2004 Ending Date: 12/07/2005	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project Sacramento County Sheriff's Department IBIS 2005			
16. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 246661.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5/13/05	
b. Applicant	\$.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.	
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Lou Blanas		b. Title Sheriff	
c. Telephone number 916-874-8444		d. Signature of Authorized Representative	
e. Date Signed 5/13/05			

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED _____	Applicant Identifier _____
		3. DATE RECEIVED BY STATE _____	State Application Identifier _____
		4. DATE RECEIVED BY FEDERAL AGENCY _____	Federal Identifier _____
5. APPLICANT INFORMATION			
* Legal Name: Northern Valley Catholic Social Service, Inc.		Department: Housing	
* Organizational DUNS: 146491340		Division: Private Non-Profit	
Address: * Street1: 2400 Washington Avenue Street2: _____ * City: Redding County Shasta * State: CA * Zip Code: 96001 * Country USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. * First Name: Bobbi Middle Name: _____ * Last Name: Sawtelle Suffix: _____ * Email: bsawtelle@nvcss.org * Phone Number (give area code) 530-247-3316 Fax Number (give area code) 530-247-3323	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 20-0984601		7. * TYPE OF APPLICANT: Non-Profit Other (specify): _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. * NAME OF FEDERAL AGENCY: US Department of Housing and Urban Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 14.181 TITLE: Supportive Housing for Persons with Disabilities		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: This project will provide fourteen (14) units of permanent supportive housing for individuals with a severe and persistent mental illness.	
12. * AREAS AFFECTED BY PROJECT (City, Counties, States, etc.): Redding, Shasta, California		13. * PROPOSED PROJECT: * Start Date 05/01/2007 * Ending Date 03/30/2008	
14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant California 2nd * b. Project California 2nd		15. * ESTIMATED FUNDING: * a. Federal \$ 1,615,116.00 * b. Applicant \$ 0.00 * c. State \$ 0.00 * d. Local \$ 400,000.00 * e. Other \$ 0.00 * f. Program Income \$ 0.00 g. TOTAL \$ 2,015,116.00	
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 05/13/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: Mrs. * First Name: Jan Middle Name: Ann * Last Name: Maurer Watkins Suffix: _____ * b. Title: Executive Director * c. Telephone Number (give area code): 530-241-0552 * Email: jmaurer-watkins@nvcss.org Fax Number (give area code): 530-247-3354			
d. Signature of Authorized Representative: <i>Jan Maurer Watkins</i>		e. Date Signed: 5/12/05	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 12, 2005 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier R-9 Tracking #05-167 State Application Identifier Federal Identifier
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5. APPLICANT INFORMATION Legal Name: Blighorn Desert View Water Agency Organizational DUNS: 620 778 340 Address: Street: 622 S. Jemez Trail City: Yucca Valley County: San Bernardino State: CA Country: USA Zip Code: 92284		Organizational Unit: Department: Administration Department Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ma. First Name: Jessica Middle Name: Last Name: Tiffany Suffix: Email: BDVWA@MINDSPRING.com Phone Number (give area code): (760) 364-2315 Fax Number (give area code): (760) 364-3412
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): 915-3161447	7. TYPE OF APPLICANT: (See back of form for Application Types) N. Other - Water Agency Other (specify): Special Act Agency created in California in 1989
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify): Amendment #1	9. NAME OF FEDERAL AGENCY: Environmental Protection Agency
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 66-606	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Master Plan
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): BDVWA (Johnson Valley, Landers, Flamingo Heights) San Bernardino County, CA	14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 41st Lewis b. Project CA 41st Lewis
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13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: September 30, 2006	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 12, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">96,200</td> <td style="width:10%; text-align: right;">00</td> <td style="width:10%; text-align: right;">00</td> <td style="width:10%; text-align: right;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">38,709</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">40,000</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">174,909</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> <td style="text-align: right;">00</td> </tr> </table>	a. Federal	\$	96,200	00	00	00	b. Applicant	\$	38,709	00	00	00	c. State	\$					d. Local	\$					e. Other	\$	40,000	00	00	00	f. Program Income	\$					g. TOTAL	\$	174,909	00	00	00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	96,200	00	00	00																																						
b. Applicant	\$	38,709	00	00	00																																						
c. State	\$																																										
d. Local	\$																																										
e. Other	\$	40,000	00	00	00																																						
f. Program Income	\$																																										
g. TOTAL	\$	174,909	00	00	00																																						

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix: Mr. Last Name: Shollenberger Title: General Manager Signature of Authorized Representative: <i>[Signature]</i>	First Name: Tom Middle Name: E. Suffix: c. Telephone Number (give area code): (760) 364-2315 e. Date Signed: 5-12-05

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i>		2. DATE SUBMITTED 5/15/05		Applicant Identifier N/A	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE N/A		State Applicant Identifier N/A	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	
5. APPLICANT INFORMATION					
Legal Name: ICIS JPA			Organizational Unit:		
Organizational DUNS: 18-759-6528			Division:		
Address (give city, county, state, and zip code): 613 East Broadway, Suite 200 Glendale, CA 91206			Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Captain Ray Edey Phone: (818) 548-3151		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 80-0113615			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> F		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Regional Interoperable Public Safety Communications System		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2005 Technology Initiative			12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): LOS ANGELES COUNTY		
13. PROPOSED PROJECT: Start Date: 12/08/2004 Ending Date: 12/07/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project A ± B: 26, 27, 28, 29, 30, 31, 33, 36, 38			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 493,322.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5-12-05			
b. Applicant	\$.00	b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
d. Local	\$.00				
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 493,322 .00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Frank Salcido		b. Title Chairman		c. Telephone number 310-285-2107	
d. Signature of Authorized Representative				e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 11, 2005	Applicant Identifier R-9 #05-215	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name: City of Rialto	Organizational Unit: Department: Public Works
Organizational DUNS: 083583849	Division: Utilities
Address: 335	Name and telephone number of person to be contacted on matters involving this application (give area code)
Street: West Rialto Avenue	Prefix: Mr.
City: Rialto	First Name: Peter
County: San Bernardino County	Middle Name: Jon
State: CA	Last Name: Fox
Zip Code: 92376	Suffix: N/A
Country: United States of America	Email: pfox@rialto.ca.gov
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000768	Phone Number (give area code) (909) 421-7244
	Fax Number (give area code) (909) 421-7210
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Applicant Other (specify)
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66 - 606 TITLE (Name of Program): Consolidated Appropriations Act of 2005	9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): City of Rialto	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Infrastructure Improvements – Ion Exchange System Resin Replacement.
13. PROPOSED PROJECT Start Date: July 15, 2005 Ending Date: To Be Determined	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 42 nd – Joe Baca, U.S. Congressman b. Project 42 nd – Joe Baca, U.S. Congressman
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$144,300.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5-11-2005
b. Applicant \$230,700	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$0	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$0	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$0	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
g. TOTAL \$375,000	a. Authorized Representative
	Prefix Mr. First Name Henry Middle Name T.
	Last Name Garcia Suffix N/A
	b. Title City Administrator c. Telephone Number (give area code) (909) 820-2689
	d. Signature of Authorized Representative e. Date Signed May 11, 2005

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/10/05	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: Sacramento Housing and Redevelopment Agency		3. DATE RECEIVED BY STATE	State Application Identifier
Organizational DUNS: 007973530		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Address: Street: 630 I Street City: Sacramento County: Sacramento State: CA Country: United States		Organizational Unit: Department: Development Services Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr First Name: Jim Middle Name: Last Name: Hare Suffix: Email: jhare@shra.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000759		Phone Number (give area code) (916) 440-1313 Fax Number (give area code) (916) 442-6736	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Redevelopment Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Section 108 Loan Program		9. NAME OF FEDERAL AGENCY:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sacramento, Sacramento County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Globe Mills Adaptive Reuse Project	
13. PROPOSED PROJECT Start Date: November 2005 Ending Date: June 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 5th, and 11th b. Project 5th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 7,500,000		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5-06-05	
b. Applicant HOME funds \$ 1,450,000		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local Tax Increment \$ 3,570,000		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other Developer \$ 15,900,000		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income \$			
g. TOTAL \$ 28,420,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms. First Name Anne		Middle Name M.	
Last Name Moore		Suffix	
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319	
d. Signature of Authorized Representative		e. Date Signed 5-6-05	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/9/05	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: California Poultry Industry Federation Inc.		Department:	
Organizational DUNS:		Division:	
Address: Street: 3117 A McHenry Ave. City: Modesto County: Stanislaus State: CA Zip Code: 95350		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Bill Middle Name: Last Name: Mattos Suffix:	
Country: USA		Email: califpoultry@cs.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1889524		Phone Number (give area code) 209-576-6355	
		Fax Number (give area code) 209-576-6119	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Non profit trade organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Stanislaus, San Joaquin, Merced, Madera, Fresno, Petaluma & Los Angeles		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: California Poultry Avian Influenza "Bird Flu" Prevention & Education Program	
13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: December 31, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18 b. Project 6, 11, 18, 19, 20, 21 & 34	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 50,000.00		a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant \$ 25,000.00		DATE:	
c. State Extension \$ 5,000.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local Industry Veterinarians \$ 10,000.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other \$.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income \$.00		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL \$.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.		First Name Bill	
Last Name Mattos		Middle Name	
b. Title President		Suffix	
c. Telephone Number (give area code) 209-576-6355		e. Date Signed 5/9/05	
d. Signature of Authorized Representative			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4/22/05		Applicant Identifier 03-06-0047	
		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION		
Legal Name: County of Tuolumne		Organizational Unit: Department: Airport
Organizational DUNS: 155702160		Division: Columbia Airport
Address: Street: 10723 Airport Road		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: James Middle Name: E. Last Name: Thomas Suffix:
City: Columbia	State: California	Email: jthomas@co.tuolumne.ca.us
County: Tuolumne	Zip Code: 95310	Phone Number (give area code): 209 533 5685
Country: United States	Fax Number (give area code): 209 533 5657	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000547																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tuolumne County, California																						
13. PROPOSED PROJECT Start Date: July, 2005 Ending Date: October 2005																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>33,250⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>87⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>1,663⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>35,000⁰⁰</td> </tr> </table>		a. Federal	\$	33,250 ⁰⁰	b. Applicant	\$	87 ⁰⁰	c. State	\$	1,663 ⁰⁰	d. Local	\$	0 ⁰⁰	e. Other	\$	0 ⁰⁰	f. Program Income	\$	0 ⁰⁰	g. TOTAL	\$	35,000 ⁰⁰
a. Federal	\$	33,250 ⁰⁰																				
b. Applicant	\$	87 ⁰⁰																				
c. State	\$	1,663 ⁰⁰																				
d. Local	\$	0 ⁰⁰																				
e. Other	\$	0 ⁰⁰																				
f. Program Income	\$	0 ⁰⁰																				
g. TOTAL	\$	35,000 ⁰⁰																				
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19th b. Project 19th																						
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Authorized Representative Prefix Mr. First Name James Middle Name E. Last Name Thomas Suffix b. Title Airports Director c. Telephone Number (give area code) 209 533 5685 d. Signature of Authorized Representative e. Date Signed 5/6/05																						

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 11, 2005	Applicant Identifier R9 Tracking #05-214	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name:		Organizational Unit:		
City of Brea		Department: Development Services Department		
Organizational DUNS: 040516791		Division: Administration		
Address: Street: 1 Civic Center Circle		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Brea		Prefix: Ms.	First Name: Melinda	
County: Orange		Middle Name		
State: California		Last Name Kwan		
Zip Code 92821		Suffix:		
Country: USA		Email: melindak@cl.brea.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000681		Phone Number (give area code) (714) 990-7766		Fax Number (give area code) (714) 671-3694
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 66-606		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Brea		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MasterPlan Sewer Upgrade Phase 2		
13. PROPOSED PROJECT Start Date: November 2005 Ending Date: January 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 41 b. Project 41		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 192,400	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 11, 2005		
b. Applicant	\$ 390,600	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
g. TOTAL	\$ 583,000	a. Authorized Representative		
Prefix Mr.		First Name Tim		Middle Name
Last Name O'Donnell		Suffix		
b. Title City Manager		c. Telephone Number (give area code) (714) 990-7710		
d. Signature of Authorized Representative <i>Tim O'Donnell</i>		e. Date Signed 5/11/05		

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

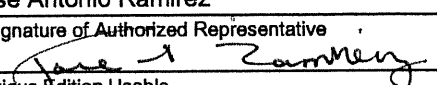
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 05/10/05		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 05/10/05		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name: City of Highland			Department:		
Organizational DUNS: 61-900-5218			Division:		
Address: Street: 27215 Base Line			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Highland			Prefix: Mr.	First Name: Joseph	RECEIVED MAY 10 2005
County: San Bernardino			Middle Name: A.	Last Name: Hughes	
State: California	Zip Code: 92346		Suffix:	STATE CLEARING HOUSE	
Country: USA			Email: joe-hughes@cee.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 83-0270638			Phone Number (give area code) (909) 864-6861	Fax Number (give area code) (909) 862-3180	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) C		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606			9. NAME OF FEDERAL AGENCY: EPA		
TITLE (Name of Program): Solid Waste Disposal Act			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Funding for the City of Highland for developing and implementing displays and exhibits for the City's Environmental Learning Center.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Highland, San Bernardino, California			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 41st b. Project 41st		
13. PROPOSED PROJECT Start Date: Oct 2005 Ending Date: December 2006			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/11/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
a. Federal	\$	297,600			
b. Applicant	\$				
c. State	\$				
d. Local	\$				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$	297,600			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix Mr. First Name Sam Middle Name J.			c. Telephone Number (give area code) (909) 864-6861 ext 203		
Last Name Racadio Suffix:			e. Date Signed 05/10/05		
b. Title City Manager					
d. Signature of Authorized Representative					

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 5, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: CITY OF FIREBAUGH	Organizational Unit: POLICE AND FIRE
Address (give city, county, State, and zip code): 1575 11TH STREET, FIREBAUGH CA 93622	Name and telephone number of person to be contacted on matters involving this application (give area code): LT. LOPEZ OR FIRE CHIEF BORBOA (559) 659-3051 (559) 659-2073
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 0 3 3 3 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) C <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other(specify):</div> <div style="width: 30%;"></div> </div>	9. NAME OF FEDERAL AGENCY: USDA - RURAL DEVELOPMENT
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 6 6 </div> TITLE: Community Facilities	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Marked emergency vehicle for the police department and an infrared thermo imaging device for the fire department.
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Firebaugh (Mutual Aide requests for Madera & Fresno Co)	
13. PROPOSED PROJECT EMERGENCY EQUIP	14. CONGRESSIONAL DISTRICTS OF: 20th - Costa
Start Date _____	Ending Date _____
a. Applicant 20th	b. Project 20th
15. ESTIMATED FUNDING:	
a. Federal	\$ 25,850 ⁰⁰
b. Applicant	\$ ⁰⁰
c. State	\$ ⁰⁰
d. Local	\$ 5,400 ⁰⁰
e. Other	\$ 15,750 ⁰⁰
f. Program Income	\$ ⁰⁰
g. TOTAL	\$ 47,000 ⁰⁰
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>05/06/05</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Jose Antonio Ramirez	b. Title City Manager
c. Telephone Number (559) 659-2043	
d. Signature of Authorized Representative 	e. Date Signed 05-05-05

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/3/05	Applicant Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Avenal Community Health Center	Organizational Unit:
Address (give city, county, state, and zip code): Organizational DUNS 946431632 1000 Skyline Blvd., P.O. Box 700 Avenal, Kings County, CA 93204	Name and telephone number of person to be contacted on matters involving this application (give area code) John Blaine (559) 386-4500

6. EMPLOYER IDENTIFICATION (EIN):

7 7 - 0 4 2 5 4 9 6

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in

A. Increase Award B. Decrease Award c. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District
H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non-Profit Corporation

N

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 - 7 6 6

TITLE:

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)

Avenal, Kings County, CA

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Patient Information System Upgrade

13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF:

Start Date 1/1/05	Ending Date 6/30/06	a. Applicant Jim Costa, 20th District	b. Project The honorable Jim Costa, 20th District
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15. ESTIMATED FUNDING

a. Federal	\$	62,000.00
b. Applicant	\$	26,462.00
c. State	\$	
d. Local	\$	
e. Other	\$	90,000.00
f. Program Income	\$	
g. Total	\$	178,462.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

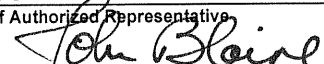
DATE

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☒ YES (Attach explanation) ☐ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative John Blaine	b. Title CEO	c. Telephone Number (559) 386-4500
d. Signature of Authorized Representative 		e. Date Signed 5/3/05

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 9, 2005	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: County of Orange		Organizational Unit: Department: Housing and Community Services Department		
Organizational DUNS: 073507670		Division: Housing Finance and Policy		
Address: Street: 1770 North Broadway		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Santa Ana		Prefix: Ms.	First Name: Paula	
County: Orange		Middle Name: K.		
State: CA		Last Name: Burrier-Lund		
Zip Code: 92708		Suffix: N/A		
Country: USA		Email: paula.lund@hcd.ocgov.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000928		Phone Number (give area code) (714) 480-2805		Fax Number (give area code) (714) 480-2803
7. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B. Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218		9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development		
TITLE (Name of Program): Community Development Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Application for Community Development Block Grant funding for FY 2005-2006. Activities include public improvements, housing rehabilitation, acquisition of real property, and staffing.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 40, 42, 44, 46, 47, 48 b. Project 40, 42, 44, 46, 47, 48		
13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: June 30, 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 9, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No.		
a. Federal CDBG	\$ 5,152,927.00			
b. Applicant	\$.00			
c. State	\$.00			
d. Local	\$.00			
e. Other Reprogrammed	\$ 1,089,269.00			
f. Program Income	\$ 550,000.00			
g. TOTAL	\$ 6,792,196.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Ms.	First Name: Paula	Middle Name: K.		
Last Name: Burrier-Lund		Suffix:		
b. Title: Director		c. Telephone Number (give area code): (714) 480-2805		
d. Signature of Authorized Representative:		e. Date Signed: 5/9/05		

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RECEIVED

MAY 9 2005

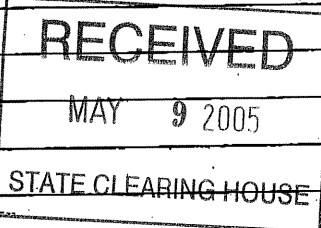
STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED: May 9, 2005	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: County of Orange			Organizational Unit: Department: Housing and Community Services Department	
Organizational DUNS: 073507670			Division: Housing Finance and Policy	
Address: Street: 1770 North Broadway City: Santa Ana County: Orange State: CA Zip Code: 92706 Country: USA			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Paula Middle Name: K. Last Name: Burner-Lund Suffix: N/A Email: paula.lund@hcd.ocgov.com Phone Number (give area code): (714) 480-2805 Fax Number (give area code): (714) 480-2803	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000928				
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) B. Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant 14-231			9. NAME OF FEDERAL AGENCY: U.S. Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Orange County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Application for Emergency Shelter Grant authorized by McKinney-Vento Homeless Assistance Act of 1987, Title IV. Activities include funding for FY 2005-2006. Funds will be used for essential services, operations, and staffing.	
13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: June 30, 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 40, 42, 44, 46, 47, 48 b. Project 40, 42, 44, 46, 47, 48	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal ESG	\$	169,412	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 9, 2005	
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other Reprogrammed	\$	3,285	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$			
g. TOTAL	\$	172,697		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative Prefix: Ms. First Name: Paula Last Name: Burner-Lund b. Title: Director d. Signature of Authorized Representative			Middle Name: K. Suffix: c. Telephone Number (give area code): (714) 480-2805 e. Date Signed: 5/9/05	



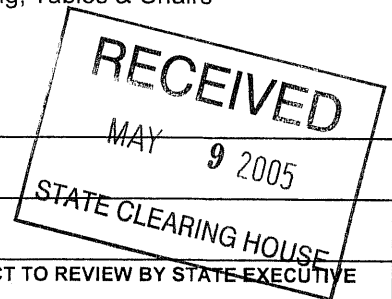
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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 4, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of San Joaquin		Organizational Unit: Public Body	
Address (give city, county, State, and zip code): P.O. Box 758 San Joaquin, CA 93660		Name and telephone number of person to be contacted on matters involving this application (give area code) Lupe Estrada (559) 693-4311 ext. 20	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 0 4 1 8 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; height: 20px; line-height: 20px; margin: 0 auto;">C</div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> [] [] — [] [] [] [] </div> TITLE: Community Development Facility Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Electrical Internet Cabling, Tables & Chairs	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin			
13. PROPOSED PROJECT Start Date Ending Date		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 7,500.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 500.00		
c. State	\$.00		
d. Local	\$.00		
e. Other SER Program	\$ 2,000.00		
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 10,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Cruz Ramos		b. Title City Manager	c. Telephone Number (559) 693-4311
d. Signature of Authorized Representative 		e. Date Signed 5-2-05	



Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

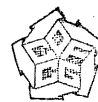
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5-4-05	Applicant Identifier R9 Tracking #05-224
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
Legal Name: City of Arcadia (Lead Agency for Arcadia and City of Sierra Madre joint grant)		Organizational Unit: Department: Department of Public Works Services	
Organizational DUNS: 08 219 7278 (Arcadia) 00 494 7388 (Sierra Madre)		Division:	
Address: Street: 240 W. Huntington Drive City: Arcadia County: Los Angeles State: CA Zip Code: 91066-6021		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Pat Middle Name: Last Name: Malloy Suffix: Email:	
Country: USA		Phone Number (give area code) (626) 256-6584	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000667		Fax Number (give area code) (626) 359-7028	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C. Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-806		B. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
TITLE (Name of Program): Surveys, Studies, Investigations & Special Purpose Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Infrastructure and Seismic Reliability Projects (Reservoirs, Wells, Pump Stations, Spreading Basins) and Studies/Design (Well Siting Study, Water Resources Plan Recommendations)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Arcadia, City of Sierra Madre Los Angeles County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 26th Congressional Dist. (Dreier) b. Project 26th Congressional Dist. (Dreier)	
13. PROPOSED PROJECT Start Date: July 15, 2005 Ending Date: September 30, 2010		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 4, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 962,200 b. Applicant \$ 787,255 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 1,749,455		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix Mr. First Name William Middle Name R. Suffix Last Name Kelly b. Title City Manager, City of Arcadia c. Telephone Number (give area code) (626) 574-5401 d. Signature of Authorized Representative e. Date Signed			

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <u>3/04</u>		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier <u>05CH11323</u>	
Legal Name: <u>Children's Hospital & Research Center at Oakland</u>		Organizational Unit: Department: <u>Cardiology</u>			
Organizational DUNS: <u>07-653-6184</u>		Division: <u>Cardiology</u>			
Address: Street: <u>747 52nd St</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: <u>Mary</u>			
City: <u>Oakland</u>		Middle Name: <u>L</u>			
County: <u>Alameda</u>		Last Name: <u>Dean</u>			
State: <u>CA</u>		Suffix: <u>Senior VP, External Relations</u>			
Zip Code: <u>94609</u>		Email: <u>mdean@mail.chc.org</u>			
Country: <u>USA</u>		Phone Number (give area code) <u>510 428 3464</u>		Fax Number (give area code) <u>510 654-8474</u>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-0302330</u>		7. TYPE OF APPLICANT: (See back of form for Application Types) <u>0. Not for Profit Organization</u>			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		9. NAME OF FEDERAL AGENCY: <u>Department of Energy</u>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <u>87-099</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Digital Cardiology Equipment for the Center for the Prevention of Obesity in Children</u>			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Northern California</u>		14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>9th</u> b. Project <u>1, 2, 8, 9, 10, 11, 13</u>			
13. PROPOSED PROJECT Start Date: <u>12/3/04</u> Ending Date: <u>6/30/05</u>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>5/9/05</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING: a. Federal \$ <u>482000.00</u> b. Applicant \$ <u>0</u> c. State \$ <u>0</u> d. Local \$ <u>0</u> e. Other \$ <u>0</u> f. Program Income \$ <u>0</u> g. TOTAL \$ <u>482000</u>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: First Name: <u>Mary</u> Middle Name: <u>L</u>		Last Name: <u>Dean</u> Suffix: <u>-</u>			
b. Title: <u>Senior Vice President, External Relations</u>		c. Telephone Number (give area code): <u>510 428-3464</u>			
d. Signature of Authorized Representative: <u>Mary Dean</u>		e. Date Signed: <u>5/9/05</u>			

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Authorized for Local ReproductionStandard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

RCH
#304Approved
4-28-05

OMB Approval No. 0348-0043

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED March 15, 2005		Applicant Identifier	
3. DATE RECEIVED BY STATE		State Application Identifier		4. DATE RECEIVED BY FEDERAL AGENCY	
Federal Identifier					
5. APPLICANT INFORMATION					
Legal Name: I-5 Social Services Corp			Organizational Unit: Non Profit		
Address (give city, county, State, and zip code): 4491 W Shaw Ave Suite 100 Fresno CA 93722			Name and telephone number of person to be contacted on matters involving this application (give area code): Alex Valdez or Dr. Reed Lar 559 275-7133		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0486332			7. TYPE OF APPLICANT: (enter appropriate letter in box) [N] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit</u>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Furnish Child Development Center		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Firebaugh and surrounding area					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant 19 Radanovich		b. Project 20 Costa	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 40,860 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	\$ ⁰⁰	DATE _____			
c. State	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$ 60,000 ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$ 100,860 ⁰⁰				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Alex Valdez		b. Title Executive Director		c. Telephone Number (559) 275-7133	
d. Signature of Authorized Representative 				e. Date Signed 3-15-05	

RCH
#304Approved 4-28-05
OMB Approval No. 0348-0043**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: I-5 Social Services Corp			Organizational Unit: Non Profit		
Address (give city, county, State, and zip code): 4491 W Shaw Ave Suite 100 Fresno CA 93722			Name and telephone number of person to be contacted on matters involving this application (give area code): Alex Valdez or Dr. Reed Lar 559 275-7133		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0486332 <div style="border: 1px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;">RECEIVED MAY 16 2005 STATE CLEARING HOUSE</div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"><div>A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District</div><div>H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit</u></div></div> <div style="text-align: right; border: 1px solid black; width: 30px; float: right;">N</div>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Furnish Child Development Center		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated Area of Cantua Creek and surrounding area					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant 19 Radanovich		b. Project 20 Costa	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 29,100 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$ 40,000 ⁰⁰				
e. Other	\$ ⁰⁰				
f. Program Income	\$ ⁰⁰				
g. TOTAL	\$ 69,100 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Alex Valdez		b. Title Executive Director		c. Telephone Number (559) 275-7133	
d. Signature of Authorized Representative 				e. Date Signed 3-15-05	

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

05/31/2005

licant Identifier

RCH #304 APPROVED 9/03

1. TYPE OF SUBMISSION:

Application

Preapplication

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Application Identifier

5. APPLICANT INFORMATION

Organizational Unit:

* Legal Name: Southern California Presbyterian Homes

Department:

* Organizational DUNS: 069925345

Division:

Address:

* Street1: 516 Burchett Street

Street2:

* City: Glendale County Los Angeles

* State: CA * Zip Code: 91203 * Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Ms. * First Name: Sally

Middle Name:

* Last Name: Little

Suffix: * Email: sallylittle@scphs.com

6. * EMPLOYER IDENTIFICATION NUMBER (EIN):

95-1894293

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other (specify):

Phone Number (give area code)

Fax Number (give area code)

(818) 247-0420

(818) 247-3871

7. * TYPE OF APPLICANT:

Institution of Higher Learning (Other than Institution of Higher Learning)

9. * NAME OF FEDERAL AGENCY:

US Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE

14.157

TITLE: Supportive Housing for the Elderly

12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Fresno, Fresno County, California

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Construction of a 68 unit affordable housing community for low income seniors living in the City of Fresno, California, developed with Section 202 Supportive Housing for the Elderly Capital Grant.

13. * PROPOSED PROJECT:

* Start Date

06/01/2006

* Ending Date

06/01/2007

14. * CONGRESSIONAL DISTRICTS OF:

* a. Applicant

27

* b. Project

19

15. * ESTIMATED FUNDING:

* a. Federal \$ 8,073,200.00

* b. Applicant \$ 25,000.00

* c. State \$

* d. Local \$ 1,000,000.00

* e. Other \$

* f. Program Income \$

g. TOTAL \$ 9,098,200.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

☒ YES DATE 03/31/2005b. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Ms. * First Name: Sally

Middle Name

* Last Name: Little

Suffix:

* b. Title: Vice President, Affordable Housing

* c. Telephone Number (give area code): (818) 247-0420

* Email: sallylittle@scphs.com

Fax Number (give area code):

d. Signature of Authorized Representative:

Completed on submission to Grants.gov

e. Date Signed: Completed on submission to Grants.gov

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: CITY OF SANGER	Organizational Unit:
Address (give city, county, state, and zip code): 1700 7th Street Sanger, CA 93657	Name and telephone number of person to be contacted on matters involving this application (give area code): MICHAEL ISAAK (559) 875-6568 DAVE CARVER (559) 875-6568

6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 0 4 2 5 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C </div>
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)
--	---

9. NAME OF FEDERAL AGENCY: USDA-RD	<div style="border: 2px solid black; padding: 10px; transform: rotate(-10deg);"> RECEIVED MAY 6 2005 STATE CLEARING HOUSE </div>
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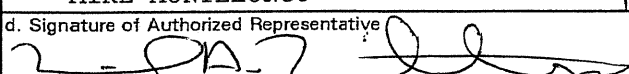
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 - 7 6 6 </div>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PURCHASE OF NEW FIRE ENGINE
--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) CITY OF SANGER
--

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:
Start Date	Ending Date
20 COSTA	

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>3-15-05</u> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$.00	
b. Applicant	\$ 84,000 .00	
c. State	\$.00	
d. Local	\$ 156,000 .00	
e. Other	\$.00	
f. Program Income	\$.00	
g. Total	\$ 240,000 .00	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative MIKE MONTELONGO	b. Title MAYOR	c. Telephone Number (559) 875-6568
d. Signature of Authorized Representative 		e. Date Signed 3/15/05



Approved
4-28-05

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application Construction <input checked="" type="checkbox"/> Application Non-Construction		2. DATE SUBMITTED March 15, 2005	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: I-5 Social Services Corp		Organizational Unit: Non Profit	
Address (give city, county, State, and zip code): 4491 W Shaw Ave Suite 100 Fresno CA 93722		Name and telephone number of person to be contacted on matters involving this application (give area code): Alex Valdez or Dr. Reed Lar 559 275-7133	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0486332		7. TYPE OF APPLICANT: (enter appropriate letter in box) [N] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Non Profit	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Furnish Child Development Center	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Unincorporated Area of Del Rey and surrounding area			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant 19 Radanovich	b. Project 20 Costa & 21 Nunes
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 31,600.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ 60,000.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 91,600.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Alex Valdez		b. Title Executive Director	c. Telephone Number (559) 275-7133
d. Signature of Authorized Representative 		e. Date Signed 3-15-05	

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

05/31/2005

cant Identifier #304

1. TYPE OF SUBMISSION:

Application

Preapplication

☒ Construction

☐ Construction

☐ Non-Construction

☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Organizational Unit:

* Legal Name: Southern California Presbyterian Homes

Department: Affordable Housing

* Organizational DUNS: 069925345

Division: Corporate Office

Address:

* Street1: 516 Burchett Street

Street2:

* City: Glendale, County Los Angeles

* State: CA * Zip Code: 91203 * Country USA

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Ms. * First Name: Sally

Middle Name:

* Last Name: Little

Suffix: * Email: sallylittle@scphs.com

6. * EMPLOYER IDENTIFICATION NUMBER (EIN):

95-1894293

* Phone Number (give area code) Fax Number (give area code)

(818) 247-0420

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other (specify):

7. * TYPE OF APPLICANT: Institution (Other than Institution of H

Other (specify)

9. * NAME OF FEDERAL AGENCY:

US Department of Housing and Urban Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE

14.157

TITLE: Supportive Housing for the Elderly

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Construction of a 60 unit affordable housing community for low income seniors in the City of Clovis, California, to be developed under the Section 202 Supportive Housing for the Elderly Capital Grant.

12. * AREAS AFFECTED BY PROJECT

(Cities, Counties, States, etc.):

City of Clovis, County of Fresno, California

13. * PROPOSED PROJECT:

* Start Date

06/01/2006

* Ending Date

06/01/2007

14. * CONGRESSIONAL DISTRICTS OF:

* a. Applicant

27

* b. Project

21

15. * ESTIMATED FUNDING:

* a. Federal \$ 7,123,412.00

* b. Applicant \$ 25,000.00

* c. State \$ 0.00

* d. Local \$ 50,000.00

* e. Other \$ 0.00

* f. Program Income \$ 0.00

g. TOTAL \$ 7,198,412.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

☒ YES DATE 03/31/2005

b. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Ms. * First Name: Sally

Middle Name

* Last Name: Little

Suffix:

* b. Title: Vice President, Affordable Housing

* c. Telephone Number (give area code): (818) 247-0420

* Email: sallylittle@scphs.com

Fax Number (give area code): (818) 247-3871

d. Signature of Authorized Representative:

Completed on submission to Grants.gov

e. Date Signed: Completed on submission to Grants.gov

APPLICATION FOR FEDERAL ASSISTANCE

Approved
4-28-05
RCH #304
OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 	Applicant Identifier
3. DATE RECEIVED BY STATE 		State Application Identifier 	
4. DATE RECEIVED BY FEDERAL AGENCY 		Federal Identifier 	

5. APPLICANT INFORMATION

Legal Name: City of Mendota	Organizational Unit: City
Address (give city, county, State, and zip code): 643 Quince St Mendota, CA 93640	Name and telephone number of person to be contacted on matters involving this application (give area code): Gabriel Gonzalez 559-655-3291

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94-6000369

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State
 B. County
 C. Municipal
 D. Township
 E. Interstate
 F. Intermunicipal
 G. Special District

H. Independent School Dist.
 I. State Controlled Institution of Higher Learning
 J. Private University
 K. Indian Tribe
 L. Individual
 M. Profit Organization
 N. Other (Specify) _____

C

8. TYPE OF APPLICATION:

☒ New
 ☐ Continuation
 ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1

0

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7

6

6

TITLE: Community Facilities Grant

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Police Protection Equipment

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 City of Mendota

13. PROPOSED PROJECT Start Date Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 - Costa b. Project 20 - Costa
--	--

15. ESTIMATED FUNDING:

a. Federal	\$		21,780 ⁰⁰
b. Applicant	\$		17,820 ⁰⁰
c. State	\$		⁰⁰
d. Local	\$		⁰⁰
e. Other	\$		⁰⁰
f. Program Income	\$		⁰⁰
g. TOTAL	\$		39,600 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

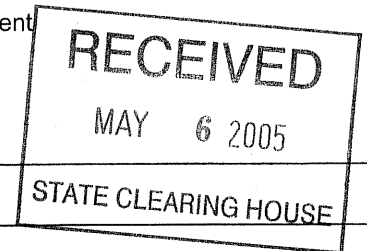
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE 3/17/05

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Joseph Riofrio	b. Title Mayor	c. Telephone Number (559) 655-3291
d. Signature of Authorized Representative 		e. Date Signed



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 2, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Niland Sanitary District		Organizational Unit:	
Address (give city, county, State, and zip code): 125 W. Alcott P.O. Box 40 Niland, CA 92257		Name and telephone number of person to be contacted on matters involving this application (give area code): John Kemp (760) 455-3442	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6005330		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District </div> <div> <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration Other(specify): _____ </div> <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 6 2005 HEARING HOUSE </div> </div>		NAME OF FEDERAL AGENCY: USDA	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Treatment Plant Upgrade	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Niland, CA - Imperial, Co.			
13. PROPOSED PROJECT Plant Upgrade		14. CONGRESSIONAL DISTRICTS OF: 52nd	
Start Date July, 05	Ending Date _____	a. Applicant Niland Sanitary District	b. Project WWTP Upgrade
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 3,642,500.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 5-2-05	
b. Applicant	\$.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$ 250,000.00		
f. Program Income	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
g. TOTAL	\$ 3,892,500.00		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative John Kemp		b. Title General Manager	
c. Telephone Number 760-455-3442		e. Date Signed 5-2-05	
d. Signature of Authorized Representative 			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. DATE SUBMITTED Applicant Identifier	
2. DATE RECEIVED BY STATE State Application Identifier	3. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Self-Help Home Improvement Project	Organizational Unit: Department:
Organizational DUNS: 088852603	Division:
Address: Street: 3777 Meadowview Drive #100	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Keith Middle Name:
City: Redding	Last Name: Griffith
County: Shasta	Suffix:
State: CA	Zip Code: 96002
Country: United States of America	Email:

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2990678	Phone Number (give area code): 530-738-6905	Fax Number (give area code): 530-378-6910
---	---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit Other (specify)
--	--

9. NAME OF FEDERAL AGENCY: USDA Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-433	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Scattered site housing preservation repair and rehabilitation assistance to 25 very low-income owner occupied housing units in Shasta and Tehama Counties, California.
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Shasta & Tehama Counties, CA
--

13. PROPOSED PROJECT Start Date: 9/1/05 Ending Date: 9/1/07	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2nd b. Project 2nd
---	---

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																					
<table border="1"> <tr> <td>Federal</td> <td>\$</td> <td>100,000</td> </tr> <tr> <td>Applicant</td> <td>\$</td> <td></td> </tr> <tr> <td>State</td> <td>\$</td> <td>250,000</td> </tr> <tr> <td>Local</td> <td>\$</td> <td></td> </tr> <tr> <td>Other</td> <td>\$</td> <td></td> </tr> <tr> <td>Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>TOTAL</td> <td>\$</td> <td>350,000</td> </tr> </table>	Federal	\$	100,000	Applicant	\$		State	\$	250,000	Local	\$		Other	\$		Program Income	\$		TOTAL	\$	350,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/3/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
Federal	\$	100,000																				
Applicant	\$																					
State	\$	250,000																				
Local	\$																					
Other	\$																					
Program Income	\$																					
TOTAL	\$	350,000																				

8. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Authorized Representative First Name: Keith Middle Name: Suffix:	Signature of Authorized Representative: Keith Griffith
Title: Executive Director	Telephone Number (give area code): 530-378-6905
Date Signed: 5/3/05	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED	Applicant Identifier N/A
3. DATE RECEIVED BY STATE	State Applicant Identifier N/A
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A

1. TYPE OF SUBMISSION Application	Pre-application
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Non-Construction

6. APPLICANT INFORMATION

Legal Name: Roseville, City of	Organizational Unit: Roseville Police Department
Organizational DUNS: 076119643	Division:
Address (give city, county, state, and zip code): 1051 Junction Boulevard Roseville, CA 95678	Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Dee Dee Gunther Phone: (916) 774-5015

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
946000409

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other (specify):	

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

Department of Justice
Office of Community Oriented Policing Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 6 . 7 1 0

TITLE: 2005 Technology Initiative

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Public Safety Communications and Information
Technology Project

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

City of Roseville, CA

13. PROPOSED PROJECT:

Start Date	Ending Date
12/08/2004	12/07/2005

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant	b. Project
4th	4th

15. ESTIMATED FUNDING:

a. Federal	\$	493322.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$	493,322.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:May 6, 2005
DATE
b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

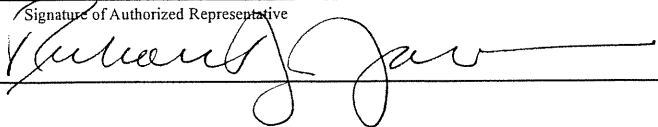
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

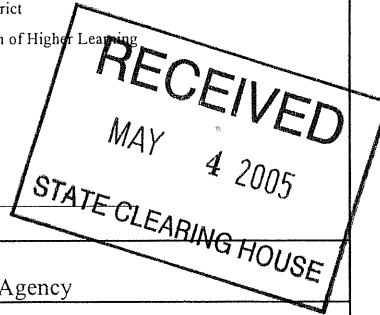
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative W. Craig Robinson	b. Title City Manager	c. Telephone number (916) 774-5362
d. Signature of Authorized Representative		e. Date Signed

Application for Federal Assistance

		2. DATE SUBMITTED:	A. Identifier
1. TYPE OF SUBMISSION		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Department of Health Services	
1616 Capitol Avenue, 2nd Floor, MS 7404 P.O. Box 997413 Sacramento, CA 95899-7413		Name and telephone number of the person to be contacted on matters involving this application (give area code) Glenn Takeoka (916) 449-5693	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0317191		7. TYPE OF APPLICANT: (enter appropriate letter here) A <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: BEACH		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Implementation of Water Quality Monitoring and Public Notification Programs	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) State of California Coastal Counties			
13. Proposed Project:		14. CONGRESSIONAL DISTRICT OF:	
Start Date	End Date	a. Applicant: Department of Health Services b. Project: State of California Coastal Areas	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE: June 27, 2005 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 525,460		
b. Applicant	\$ -		
c. State	\$ -		
d. Local	\$ -		
e. Other: 1:1 Match	\$ -		
f. Program Income			
g. TOTAL	\$ 525,460	17. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed name of Authorized Representative. Richard Joseph Jackson, MD, MPH		b. Title State Public Health Officer	c. Telephone Number (916) 440-7400
d. Signature of Authorized Representative 		e. Date Signed 4/22/2005	



APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 4, 2005		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Mercy Housing California		Organizational Unit: Department: Community Development Department			
Organizational DUNS: 883200909		Division: West Sacramento			
Address: Street: 3120 Freeboard Drive, Suite 202		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: West Sacramento		Prefix: Mr. First Name: David			
County: Yolo		Middle Name			
State: CA Zip Code: 95691		Last Name: Wilkinson			
Country: USA		Suffix:			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3081666		Email: dwilkinson@mercyhousing.org			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Non Profit Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-433		9. NAME OF FEDERAL AGENCY: USDA			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Biggs		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Mercy Housing California Housing Preservation Program			
13. PROPOSED PROJECT Start Date: September 2005 Ending Date: August 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Wally Heger b. Project Wally Heger			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal \$ 100,000.00		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant \$ 289,000.00		DATE: May 4, 2005			
c. State \$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local \$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL \$ 389,000.00		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Middle Name			
Prefix Mr. First Name Greg		Suffix			
Last Name Sparks		c. Telephone Number (give area code) 916-414-4439			
b. Title Vice President		e. Date Signed May 4, 2005			
d. Signature of Authorized Representative					

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier 05-233	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:			Organizational Unit:	
City of Redding			Department:	
Organizational DUNS: 073780413			Division:	
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 777 Cypress Ave			Prefix: Mr.	First Name: Randy
City: Redding			Middle Name	
County: Shasta			Last Name Bachman	
State: CA	Zip Code 96001	Suffix:		
Country: United States of America			Email: rbachman@ci.redding.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000401			Phone Number (give area code) (530) 225-4067	Fax Number (give area code) (530) 225-4325
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) C - Municipal Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606 TITLE (Name of Program):			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Redding, Shasta, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water and wastewater infrastructure improvements for the Redding Stillwater Industrial Park	
13. PROPOSED PROJECT Start Date: 10-1-2005 Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-2 b. Project	
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	336,800	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5/4/2005	
b. Applicant	\$	275,564	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$			
g. TOTAL	\$	612,364		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Michael		Middle Name	
Last Name Warren			Suffix	
b. Title City Manager			c. Telephone Number (give area code) (530) 225-4061	
d. Signature of Authorized Representative			e. Date Signed 5-3-2005	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

FEDERAL ASSISTANCE

2. DATE SUBMITTED

Applicant Identifier

1. TYPE OF SUBMISSION:

Application

Preapplication

☐ Construction☐ Construction☒ Non-Construction☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Organizational Unit:

* Legal Name: San Diego State University Foundation

Department:

* Organizational DUNS: 073371346

Division:

Address:

* Street1: 5250 Campanile Drive

Street2:

* City: San Diego

County

* State: CA

* Zip Code: 92182-1931

* Country: USA

Name and telephone number of person to be contacted on matters involving this application (give area code)

Prefix: Dr. * First Name: Edward

Middle Name:

* Last Name: Beighley

Suffix: PhD * Email: beighley@attila.sdsu.edu

6. * EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6042721

* Phone Number (give area code) Fax Number (give area code)

619 594 2284

619 594 8078

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other (specify):

7. * TYPE OF APPLICANT:

Other (Specify)

Other (specify)

auxiliary to SDSU non profit 501(c)3

9. * NAME OF FEDERAL AGENCY:

Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE

66.463

TITLE: Water Quality Cooperative Agreements

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Development of Cost-Effective Evaluation Tools and Methods for Stormwater Treatment BMPs.

12. * AREAS AFFECTED BY PROJECT

(Cities, Counties, States, etc.):

CA State, Riverside & SD County, City SD

13. * PROPOSED PROJECT:

* Start Date

* Ending Date

08/15/2005

08/14/2007

14. * CONGRESSIONAL DISTRICTS OF:

* a. Applicant

* b. Project

53

various

15. * ESTIMATED FUNDING:

* a. Federal \$ 104,094.00

* b. Applicant \$ 82,833.00

* c. State \$ 0.00

* d. Local \$ 0.00

* e. Other \$ 0.00

* f. Program Income \$ 0.00

g. TOTAL \$ 186,927.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

☒ YES DATE 04/22/2005b. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix: Dr.

* First Name: Thomas

Middle Name: R.

* Last Name: Scott

Suffix: PhD

* b. Title: Interim, Associate Vice President Research

* c. Telephone Number (give area code): 619-594-0905

* Email: awards@foundation.sdsu.edu

Fax Number (give area code): 619-594-4109

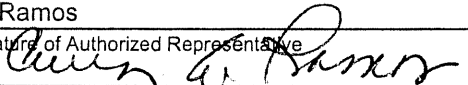
d. Signature of Authorized Representative:

Completed on submission to Grants.gov

e. Date Signed: Completed on submission to Grants.gov

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of San Joaquin		Organizational Unit: Public Body	
Address (give city, county, State, and zip code): P O BOX 758 San Joaquin, CA 93660		Name and telephone number of person to be contacted on matters involving this application (give area code) Lupe Estrada (559) 693-4311 ext. 20	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000418		7. TYPE OF APPLICANT: (enter appropriate letter in box) C	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 — 7 6 6 TITLE: Community Facilities Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Van for transporting inmate work crew to City for city public works projects.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant 20 - Costa	b. Project 20 Costa
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 22,500 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 7,500 ⁰⁰		
c. State	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 30,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Cruz Ramos		b. Title City Manger	c. Telephone Number 693-4311
d. Signature of Authorized Representative 		e. Date Signed 4-22-05	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of San Joaquin		Organizational Unit: Public Body	
Address (give city, county, State, and zip code): P O BOX 758 San Joaquin, CA 93660		Name and telephone number of person to be contacted on matters involving this application (give area code) Lupe Estrada (559) 693-4311 ext. 20	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000418		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 30px; margin: 0 auto;">C</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Police Car for increased patrolling within City Limits	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant 20 - Costa	b. Project 20 Costa
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 30,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 10,000 ⁰⁰		
c. State	\$ _____ ⁰⁰		
d. Local	\$ _____ ⁰⁰		
e. Other	\$ _____ ⁰⁰		
f. Program Income	\$ _____ ⁰⁰		
g. TOTAL	\$ 40,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Cruz Ramos		b. Title City Manger	c. Telephone Number 693-4311
d. Signature of Authorized Representative <i>Cruz Ramos</i>		e. Date Signed 4-22-05	

**APPLICATION FOR
FEDERAL ASSISTANCE**

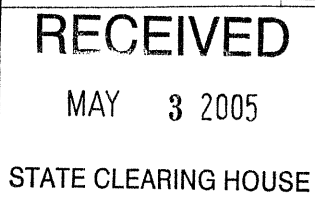
Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Lindsay		Organizational Unit: Department: N/A																						
Organizational DUNS:		Division:																						
Address: Street: 251 E. Honolulu City: Lindsay County: Tulare		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Scot Middle Name: B. Last Name: Townsend Suffix:																						
State: CA	Zip Code: 93247	Email: sbtownsend@lindsay.ca.us																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000357		Phone Number (give area code) 559-562-7103	Fax Number (give area code) 559-562-7100																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lindsay Library																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, Tulare County, California		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21																						
13. PROPOSED PROJECT Start Date: May 2005 Ending Date: Nov. 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal USDA</td><td>\$</td><td>750,000</td></tr> <tr><td>b. Applicant</td><td>\$</td><td></td></tr> <tr><td>c. State</td><td>\$</td><td></td></tr> <tr><td>d. Local City of Lindsay/Hospital Dis</td><td>\$</td><td>199,891</td></tr> <tr><td>e. Other County of Tulare</td><td>\$</td><td>750,000</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>126,000</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>1,699,891</td></tr> </table>		a. Federal USDA	\$	750,000	b. Applicant	\$		c. State	\$		d. Local City of Lindsay/Hospital Dis	\$	199,891	e. Other County of Tulare	\$	750,000	f. Program Income	\$	126,000	g. TOTAL	\$	1,699,891		
a. Federal USDA	\$	750,000																						
b. Applicant	\$																							
c. State	\$																							
d. Local City of Lindsay/Hospital Dis	\$	199,891																						
e. Other County of Tulare	\$	750,000																						
f. Program Income	\$	126,000																						
g. TOTAL	\$	1,699,891																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Authorized Representative																								
Prefix Mr.		First Name Scot																						
Last Name Townsend		Middle Name B.																						
b. Title City Manager		Suffix																						
c. Telephone Number (give area code) 559-562-7103		d. Date Signed 3/30/05																						

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 1, 2005		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION					
Legal Name: City of Woodlake			Organizational Unit:		
Address (give city, county, State, and zip code): 350 N. VALENCIA County of Tulare WOODLAKE, CA. 93286			Name and telephone number of person to be contacted on matters involving this application (give area code) Bill Lewis (559) 564-8055		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-60000458			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; width: 20px; float: right;">C</div>		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: COMMUNITY FACILITIES 10-766			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PURCHASE PUBLIC SAFETY EQUIPMENT		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): WOODLAKE, CALIFORNIA					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 21			
Start Date 7/1/05	Ending Date 6/30/06	a. Applicant DEVIN NUNES		b. Project DEVIN NUNES	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 51,700.	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	\$ 42,300.	DATE _____			
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 94,000.	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative WILLIAM LEWIS		b. Title CITY MANAGER		c. Telephone Number (559) 564-8055	
Signature of Authorized Representative				e. Date Signed 4/4/05	

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MAY 3 2005

STATE CLEARING HOUSE

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

R-9-05-25

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED April 29, 2005	Applicant Identifier V-00940410-0
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: DEPARTMENT OF TOXIC SUBSTANCES CONTROL		Organizational Unit: SITE MITIGATION PROGRAM	
Address (give city, county, State, and zip code): 1001 I STREET, FLOOR 11-4, PO BOX 806 SACRAMENTO, CA 95812-0806		Name and telephone number of person to be contacted on matters involving this application (give area code) Carol O'Bryant (916) 323-3372	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 — 0281381		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66 — 802 TITLE: CERCLA		9. NAME OF FEDERAL AGENCY: UNITED STATES ENVIRONMENTAL PROTECTION AGENCY	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SUPERFUND MULTI-SITE MANAGEMENT ASSISTANCE TO PROVIDE OVERSIGHT OF FEDERAL NATIONAL PRIORITY LIST SITES.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7/1/05	Ending Date 6/30/07	a. Applicant DISTRICTS 3 & 4 CALIFORNIA	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 600,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/29/05	
b. Applicant	\$ ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 600,000 ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Dorothy Rice	b. Title Deputy Director	c. Telephone Number (916) 323-3576	
d. Signature of Authorized Representative <i>Dorothy Rice</i>	e. Date Signed 5-2-05		

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MAY 3 2005

STATE CLEARING HOUSE

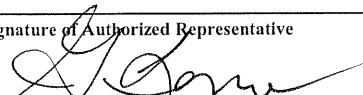
Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY		State Application Identifier	
5. APPLICANT INFORMATION		Federal Identifier			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Programming and Policy Analysis			
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Steve Henley (213) 922-3093			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N			
8. TYPE OF APPLICATION: New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> If Revision, enter appropriate letter(s) in box(es): A A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____ State Chartered Transit District			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE 49 U.S.C. § 5309		9. NAME OF FEDERAL AGENCY: Federal Transit Administration			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) City of Los Angeles, County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Metro Rail - Segment 3 - North Hollywood, CA-03-0392-13 RECEIVED MAY 2 2005 STATE CLEARING HOUSE			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date 07-01-2004	Ending Date 12/31/2005	a. Applicant Districts 25 - 39, 42, 46		b. Project Districts 27, 28, 30, 31, 33, 34	

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 669,702.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>4/28/2005</u>	
b Applicant	\$.00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 167,426.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
g TOTAL	\$ 837,128.00	<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative GLADYS LOWE		b Title Director, Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 		e. Date Signed 4-29-05	

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier	
Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: California Department of Toxic Substances Control		Organizational Unit: Department: Science, Pollution Prevention and Technology Development		
Organizational DUNS: 949010870		Division: Office of Pollution Prevention & Technology Development		
Address: Street: 1001 "I" Street, P.O. Box 806		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Mr.		
County: Sacramento		First Name: Robert		
State: California		Middle Name		
Country: USA		Last Name: Ludwig		
<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> RECEIVED MAY 02 2005 STATE CLEARING HOUSE </div>		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0281381		Email: rludwig@dtsc.ca.gov		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Phone Number (give area code) (916) 324-2659		
Other (specify)		Fax Number (give area code) (916) 327-4494		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-700		7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)		
11. TITLE (Name of Program): Pollution Prevention Grant (formerly PPI\$)		9. NAME OF FEDERAL AGENCY: USEPA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State-wide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Safer Alternatives to Toxic and VOC Spotting Chemicals in Professional Garment Cleaning		
13. PROPOSED PROJECT Start Date: 10/01/05 Ending Date: 03/31/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant State-wide b. Project State-wide		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 50,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 50,000	DATE: April 18, 2005		
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 100,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Dr.		First Name: Jeffrey		Middle Name
Last Name: Wong				Suffix
b. Title: Deputy Director, Science, Pollution Prevention and Technology Program		c. Telephone Number (give area code) (916) 322-2842		
Signature of Authorized Representative		d. Date Signed: April 9, 2005		

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 4/29/05	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Bay Foundatin of Morro Bay		Organizational Unit:	
Address (give city, county, State, and zip code): 601 Embarcadero, Ste. 11 Morro Bay, CA 93442		Name and telephone number of person to be contacted on matters involving this application (give area code) Daniel Berman - 805-772-3834	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0215847		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> A <input type="checkbox"/> C A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): Increase by \$506,984.; extend to 6/30/06		A. State H. Independent School Dist. <input checked="" type="checkbox"/> B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-profit</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-456		9. NAME OF FEDERAL AGENCY: USEPA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CA; San Luis Obispo County; Morro Bay		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Morro Bay National Estuary Program CCMP Implementation <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 2 2005 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 23	
Start Date 7/1/01	Ending Date 6/30/06	a. Applicant Bay Foundation of Morro Bay	
15. ESTIMATED FUNDING:		b. Project Morro Bay National Estuary Program	
a. Federal	\$ 506,984. ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 785,700 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4/29/05	
c. State	\$. ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$. ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$. ⁰⁰	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$. ⁰⁰		
g. TOTAL	\$ 1,292,684. ⁰⁰		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Joel Neel		b. Title President, Bay Foundation	
d. Signature of Authorized Representative		c. Telephone Number 805-756-2193	
		e. Date Signed 4/29/05	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 29, 2005	Applicant Identifier V-00940410-0
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: DEPARTMENT OF TOXIC SUBSTANCES CONTROL	Organizational Unit: SITE MITIGATION PROGRAM
Address (give city, county, State, and zip code): 1001 I STREET, FLOOR 11-4, PO BOX 806 SACRAMENTO, CA 95812-0806	Name and telephone number of person to be contacted on matters involving this application (give area code): Carol O'Bryant (916) 323-3372

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 8 - 0 2 8 1 3 8 1 </div>	RECEIVED MAY 02 2005
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8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">A</div> A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 6 - 8 0 2 </div> TITLE: CERCLA	9. NAME OF FEDERAL AGENCY: UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): STATE OF CALIFORNIA	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SUPERFUND MULTI-SITE MANAGEMENT ASSISTANCE TO PROVIDE OVERSIGHT OF FEDERAL NATIONAL PRIORITY LIST SITES.
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13. PROPOSED PROJECT Start Date: 7/1/05 Ending Date: 6/30/07	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: DISTRICTS 3 & 4 CALIFORNIA b. Project:
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15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">600,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">600,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	600,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	600,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>04/29/05</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	600,000	.00																										
b. Applicant	\$.00																										
c. State	\$.00																										
d. Local	\$.00																										
e. Other	\$.00																										
f. Program Income	\$.00																										
g. TOTAL	\$	600,000	.00																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.
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a. Type Name of Authorized Representative Dorothy Rice	b. Title Deputy Director	c. Telephone Number (916) 323-3576
d. Signature of Authorized Representative 		e. Date Signed 5-2-05